

Part C State Performance Plan (SPP) for 2005-2010

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Overview of the State Performance Plan Development:

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 1: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

(20 USC 1416(a)(3)(A) and 1442)

Measurement:

Percent = # of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner divided by the total # of infants and toddlers with IFSPs times 100.

Account for untimely receipt of services.

Overview of Issue/Description of System or Process:

Indiana places a high priority on the delivery of services in a timely manner. All local System Point of Entry (SPOE) offices have in place specific policies and procedures to help ensure that every IFSP is completed within 45 days of referral and that early intervention services listed on the IFSP are delivered in a timely manner.

Each SPOE is electronically connected to the Central Reimbursement Office (CRO). The CRO, through a state contract, is responsible for the initiation and maintenance of an electronic early intervention record. This record includes the child/family database, all authorized and reimbursed services. The CRO database assists Indiana in meeting the financial and data reporting needs to federal, state and local entities. The CRO enhances First Steps funding through the consolidation of all relevant private, state, federal and family cost share resources to support early intervention services. The CRO provides timely reimbursement to providers for the provision of authorized early intervention services.

Referrals to First Steps are accepted from parents, health care professionals, social services agencies and other interested parties. Referrals are made directly to the regional System Point of Entry (SPOE). Upon receipt of referral, the family is contacted within 2 days by the intake coordinator. The intake coordinator explains the First Steps Program, Family Rights, Eligibility Determination (evaluation and assessment), available services and the IFSP development. If the family is interested an intake appointment is scheduled at the family's earliest convenience. At the intake appointment, further explanations of the program and procedural safeguards are explained. If the family chooses to participate, consents are signed and plans for eligibility determination (evaluation and assessment) are made. The First Steps application also serves as application for CSHCS and Hoosier Healthwise (Indiana Medicaid/SCHIP) for eligible families. The Intake coordinator contacts the Eligibility Determination (ED) Team to complete the evaluation and assessment process. Families of children not found to meet Indiana's eligibility criteria, receive information on their rights, child development and how to re-contact the SPOE if they have on-going concerns. Additionally, families of children who are not eligible are contacted again in three months by the Intake coordinator to check on how things are going.

Children who are found to meet eligibility criteria are scheduled for an IFSP meeting. Families are assisted in the selection of an ongoing service coordinator. The IFSP meeting is scheduled within 45 days of referral at the family's convenience. At the IFSP meeting, the family's desires for their child and the

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child's needs are discussed. Services are identified to meet these needs and providers are chosen from the Provider Matrix. Service coordinators and families can search online at www.eikids.com to assist in the selection of providers for services included in their IFSP. All services are entered into the CRO database and provider authorizations are generated. When the IFSP is signed by the parents and the healthcare provider, services may begin.

Once a provider is enrolled in the system, a Provider Matrix is developed and posted on the CRO website (www.eikids.com). The matrix provides a one page summary that contains contact information, academic training, experience, certifications, areas of interest/expertise, service area (by zip codes) and availability to provide service. Providers are not limited in their service area and may cross regional boundaries to provide services. This helps to insure that all early intervention services are available in all areas of the state. Local Planning and Coordinating Councils (LPCCs) also assist in the recruitment of early intervention providers through job fairs and presentations to university pre-service programs, hospitals and school-based providers.

Indiana has developed comprehensive personnel standards for each early intervention service provider to insure that First Steps providers are knowledgeable and possess the appropriate skills and experience necessary to provide early intervention services. Materials are available on the First Steps website at www.in.gov/fssa/first_step/index.html including the Personnel Guide and the Profile Reports.

The CRO also serves as the provider enrollment and credentialing entity. Indiana maintains an open enrollment for qualified providers. All providers must meet the Indiana personnel standards. These standards include entry level requirements and competency areas for all professionals. Additional enrollment criteria includes evidence of current professional licensure, if applicable; a limited criminal history check, general liability insurance, and completion of an Orientation to First Steps course. Service coordinators must also complete a four day Service Coordination Level I training. Core and topical training for all early intervention providers is provided through Indiana's Unified training System. Indiana's Unified Training System (UTS) is a coordinated and comprehensive plan for the delivery of training to providers and families in the early intervention system. Training needs assessments are used to serve as the basis for the development, implementation and evaluation of training and technical assistance. Providers must attend annual mandatory trainings and complete assessments from the quarterly training newsletters. UTS trainings provide a broad range of topics from family-centered services, cultural diversity and specific trainings on various diagnoses, conditions and naturalistic interventions. A central UTS Connect office provides information and facilitates registration for providers and families wanting to access training.

Developmental therapists (Specialized Instruction) with less than one year experience in infant/toddler services and Service coordinators with less than one year experience in case management must work under the supervision of an experienced specialist for at least one year. Additionally, all First Steps providers must initially credential within 2 years of enrollment and annually thereafter. The initial early intervention credential requires 15 points applied under experience, academic coursework, conference attendance and/or independent study. Annual re-credentials require 3 points (ex. one year of fulltime employment and 20 hours of conference attendance or other study).

Definition of Timely Indiana has defined *timely* as all services written in the IFSP are initiated within 30 calendar days from the IFSP date, with parent approval. The expectation is that 30 days are the maximum amount of time that should be allowed for services to begin. This time period allows adequate time for authorized services to be entered in the CRO database, providers to be selected and appointments with the family to be scheduled.

Part C State Performance Plan (SPP) for 2005-2010**Baseline Data for FFY 2004 (2004-2005):**

In FFY 04 (July 1, 2004 through June 30, 2005), no file review sampling was performed. Data from the CRO database was reviewed for all authorized services written in every child's initial IFSP. This data was compared to the first service delivery dates for each authorization to determine the number of IFSP early intervention services provided within 30 days of the IFSP date. Based on claims/authorization data, eighty percent (80%) of infants and toddlers were found to have received all IFSP early intervention services within 30 calendar days of the IFSP date. The State is in the process of reviewing a sample of the remaining 20% to document the reasons for delay, e.g., failure to provide timely services, delay due to parental request, data entry error, duplicate entry, etc.

Discussion of Baseline Data:

In FFY 03 (July 1, 2003 through June 30, 2004), Indiana reported in its APR that 92% of authorized IFSP services were provided in a timely manner. To determine if services were provided in a timely manner, the State reviewed 369 randomly selected early intervention records, or 2% of children with an active IFSP, over a 2-month period. The review determined if a claim was made (service provided) for each IFSP early intervention service authorized on the IFSP. The review found that 92% of the services authorized were provided to families. To further support the State's compliance with timely service delivery requirements, no concerns or complaints were received from families in FFY 03 or FFY 04.

While it may appear that Indiana is slipping in its ability to provide timely early intervention services, this assumption is not necessarily true. In FFY 04, Indiana provided data through random sampling of 5% of records. Having the early intervention record available, allowed the reviewer to see the child's actual IFSP document and compare it with the claims document (service provision). Data entry errors and failure to delete duplicate services were not factors because the reviewers compared only the written IFSP services with those provided. They were able to see written change of services (change in provider, service or frequency that occurred after the initial IFSP) and the reviewers were able to note through documentation if families refused services or could not be contacted after repeated efforts. Additionally, there was no statewide definition for timely service in FFY 03, and timely was defined on an individual basis by the family, service coordinator and each team.

The data for FFY 04 reviews every early intervention service for every initial IFSP entered into the database for FFY 04. The current data entry system does not provide edits to disallow duplicate data entry for a service or deletion of a service when a change in frequency or provider is made. In February 2006, Indiana is changing the CRO contract provider. This change will result in a web-based system that incorporates edits preventing duplicate service entries and will allow service coordinators to monitor authorized services listed on the IFSP and in the database to insure that they match. Once this is accomplished the initial IFSP early intervention services data will truly reflect what is written on the IFSP and the timeliness of early intervention services delivery can be accurately calculated.

Account for untimely receipt of services - Reasons for untimely services may include: data errors as described above, hospitalization/illness; family choice to delay services; family difficult to contact (moved, whereabouts unknown); holidays; schedule conflicts with chosen providers; or child, family and/or provider illness. If start of services is delayed due to parental choice, it must be documented in the early intervention record to meet State compliance standards.

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FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of infants and toddlers with IFSP receive services within <u>30 calendar days from initial IFSP with parental consent</u>
2006 (2006-2007)	100% of infants and toddlers with IFSP receive services within <u>30 calendar days from initial IFSP with parental consent</u>
2007 (2007-2008)	100% of infants and toddlers with IFSP receive services within <u>30 calendar days from initial IFSP with parental consent</u>
2008 (2008-2009)	100% of infants and toddlers with IFSP receive services within <u>30 calendar days from initial IFSP with parental consent</u>
2009 (2009-2010)	100% of infants and toddlers with IFSP receive services within <u>30 calendar days from initial IFSP with parental consent</u>
2010 (2010-2011)	100% of infants and toddlers with IFSP receive services within <u>30 calendar days from initial IFSP with parental consent</u>

Improvement Activities/Timelines/Resources:

Provider training and education are needed on best practices concerning timely delivery of services. This would include education on insuring that authorized services are delivered in a timely manner and strategies for insuring this occurs.

FFY	Improvement Activities	Resources	On-going Activity*
2005 (2005-2006)	<ul style="list-style-type: none"> Training activities for providers, service coordinators and intake coordinators on the definition of <u>timely services</u>. First Steps will develop documentation guidelines to report on timely service delivery. Update all provider agreements to include statements defining timely provision of services. Monitoring and quality review activities to ensure provision of services in a timely manner 	Unified Training System Training Times Local Provider Meetings	<ul style="list-style-type: none"> ▪ Ongoing thru 2010 ▪ Ongoing thru 2010 ▪ Ongoing thru 2010
2006 (2006-2007)	<ul style="list-style-type: none"> Enhancements to the data system to better track and eliminate duplicate authorizations Statewide Data System to track and monitor for quality review purposes. 	CRO enrollment Statewide Data System Focused Monitoring	<ul style="list-style-type: none"> ▪ Ongoing thru 2010
2007 (2007-2008)	<ul style="list-style-type: none"> Timely Services outcome-based performance standard will be added to Request for Funding contracts. 		
2008 (2008-2009)	NOTE: See on-going activities identified above.		
2009 (2009-2010)	NOTE: See on-going activities identified above.		
2010 (2010-2011)	NOTE: See on-going activities identified above.		

* On-going Activity = activity will occur each subsequent year

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Overview of the State Performance Plan Development:

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 2: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children.

Measurement:

Percent = # of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children divided by the total # of infants and toddlers with IFSPs times 100.

Overview of Issue/Description of System or Process:

Indiana is committed to the provision of early intervention services in the natural environment and has demonstrated much success in this area. The Indiana Best Practices in Early Intervention (2004) (http://www.in.gov/fssa/first_step/pdf/BestPracticeFINAL1-04.pdf) adheres to a philosophy and practice of services in the child's natural environment that also reflect the child/family natural activities, routines, and interactions. During the intake process, a family interview is conducted by the service coordinator. The family interview (www.in.gov/icpr/webfile/formsdiv/51313.pdf) provides baseline data for evaluating outcomes when the child leaves First Steps. Section 2 of the family interview, provides a review of the child/family natural environments and routines. This information is incorporated into the IFSP. Another publication, Early Intervention in Everyday Routines, Activities and Places – Guidelines for Indiana (2001) (www.iidc.indiana.edu/ecc/documents/NatrIEnvironBklt.pdf) also supports services in natural environments.

Indiana's commitment to natural environments extends beyond early intervention service delivery to providing all aspects of early intervention in the natural environment. The initial intake meeting and IFSP meeting can be held in the family's home, workplace or other community location of the family's choice. Evaluation/Assessment by the Eligibility Determination Teams is also performed in the child's natural environment, usually the home or child care.

Indiana does recognize that there may be occasions when a child's needs for a particular service cannot be met in the natural environment and it allows the IFSP team, including the parent to make this determination for an individual service. When this occurs, the IFSP Team must justify why the service cannot be provided in the natural environment and what steps will be taken to transition the service into the natural environment in the future. IFSP services are reviewed at least every six months with the team and the family. The place of early intervention service delivery is captured from the claim form submitted by direct services providers.

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Baseline Data for FFY 2004 (2004-2005):

Year	Actual Performance	Performance Targets	Indiana's Actual Performance
2000	73%	67%	
2001	76%	69%	87%
2002	82%	71%	88%
2003		78%	90%
2004			94%

Discussion of Baseline Data:

In FFY 04 APR (July 1, 2004 through June 30, 2005) Indiana reported from its claims data that 94% of services were provided in the natural environment. Since the adoption of natural environments as a Best Practice for Early Intervention Services, Indiana has experienced an increase of services in the natural environment of 7%. Indiana believes that there are occasions when services cannot be provided in the natural environment and provides limited exceptions with IFSP team justification. Therefore, it is not anticipated that this percentage will increase significantly over time and has set its final target at 96% of IFSP services are provided in the natural environment for typically developing children.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	<u>94%</u> of infants and toddlers with an IFSP who primarily receive early intervention services in the natural environment for typically developing children.
2006 (2006-2007)	<u>94%</u> of infants and toddlers with an IFSP who primarily receive early intervention services in the natural environment for typically developing children.
2007 (2007-2008)	<u>94%</u> of infants and toddlers with an IFSP who primarily receive early intervention services in the natural environment for typically developing children.
2008 (2008-2009)	<u>95%</u> of infants and toddlers with an IFSP who primarily receive early intervention services in the natural environment for typically developing children.
2009 (2009-2010)	<u>95%</u> of infants and toddlers with an IFSP who primarily receive early intervention services in the natural environment for typically developing children.
2010 (2010-2011)	<u>96%</u> of infants and toddlers with an IFSP who primarily receive early intervention services in the natural environment for typically developing children.

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Improvement Activities/Timelines/Resources:

FFY	Improvement Activities	Resources	On-going Activity*
2005 (2005-2006) 2006 (2006-2007) 2007 (2007-2008) 2008 (2008-2009) 2009 (2009-2010) 2010 (2010-2011)	<ul style="list-style-type: none"> ▪ Provider training on delivery of services in the natural environment ▪ System Point of Entry software changes to better capture place of service ▪ Central Reimbursement Office vendor change ▪ Annual provider forums to enhance training on services in natural environments. 	Unified Training System Training Times Local Provider Meetings	<ul style="list-style-type: none"> ▪ Ongoing thru 2010 ▪ Ongoing thru 2010

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Overview of the State Performance Plan Development:

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 3: Percent of infants and toddlers with IFSPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication); and
- C. Use of appropriate behaviors to meet their needs.

(20 USC 1416(a)(3)(A) and 1442)

Measurement:

- A. Positive social-emotional skills (including social relationships):
- a. Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers = # of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers divided by # of infants and toddlers with IFSPs assessed times 100.
 - b. Percent of infants and toddlers who improve functioning = # of infants and toddlers who improved functioning divided by # of infants and toddlers with IFSPs assessed times 100.
 - c. Percent of infants and toddlers who did not improve functioning = # of infants and toddlers who did not improve functioning divided by # of infants and toddlers with IFSPs assessed times 100.

If children meet the criteria for a, report them in a. Do not include children reported in a in b or c. If a + b + c does not sum to 100%, explain the difference.

- B. Acquisition and use of knowledge and skills (including early language/communication):
- a. Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers = # of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers divided by # of infants and toddlers with IFSPs assessed times 100.
 - b. Percent of infants and toddlers who improved functioning = # of infants and toddlers who improved functioning divided by # of infants and toddlers with IFSPs assessed times 100.
 - c. Percent of infants and toddlers who did not improve functioning = # of infants and toddlers who did not improve functioning divided by # of infants and toddlers with IFSPs assessed times 100.

If children meet the criteria for a, report them in a. Do not include children reported in a in b or c. If a + b + c does not sum to 100%, explain the difference.

- C. Use of appropriate behaviors to meet their needs:
- a. Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers = # of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers divided by # of infants and toddlers with IFSPs assessed times 100.
 - b. Percent of infants and toddlers who improved functioning = # of infants and toddlers who improved functioning divided by # of infants and toddlers with IFSPs assessed times 100.
 - c. Percent of infants and toddlers who did not improve functioning = # of infants and toddlers who did not improve functioning divided by # of infants and toddlers with IFSPs assessed times 100.

If children meet the criteria for a, report them in a. Do not include children reported in a in b or c. If a + b + c does not sum to 100%, explain the difference.

Part C State Performance Plan (SPP) for 2005-2010**Overview of Issue/Description of System or Process:**

Since 2002, Indiana First Steps has contracted with the Early Childhood Center at the Indiana Institute on Disability and Community, Indiana University to develop and implement a statewide evaluation system that would: enable documentation and communication of the benefits of First Steps to major decision-makers at local and state levels; help to expand the focus beyond compliance with the law to include service quality; provide information for improving services, particularly in tying training efforts to supporting desired outcomes; provide the information needed to continuously plan for the future.

The Early Childhood Center developed an evaluation system that strives to reflect the following features and guiding principles:

- The evaluation system is statewide (it touches all children and families receiving First Steps services) and ongoing (not a one-shot investigation).
- The focus is on the outcomes of First Steps for children, families and communities, not on services or procedures.
- Data collection procedures are embedded into ongoing service routines (to minimize, as much as possible, its intrusiveness and time consumption) and are locally implemented by service providers (no independent/outside investigators collecting data).
- Data analyses and findings are understandable, accessible, and useable in guiding local and state quality improvement efforts.

A final feature of the evaluation system is that it was developed with considerable input from all major stakeholders of First Steps: families, providers, local decision makers, and state policy makers. At each step in the development process, from identifying key program outcomes, to piloting various data collection instruments and surveys, to implementing the system statewide, input from program consumers, providers, and decision makers has been, and will continue to be, sought.

The statewide implementation of the First Steps evaluation system began November 1, 2002. The goal of the system is to assess First Step's impact on all children and families exiting First Steps who have been in the system for a minimum of six months.

Data is collected on children and families entering First Steps from three sources: 1) at intake with portions of the Combined Enrollment Form, 2) during the initial evaluation through the Family Interview, and 3) at the initial IFSP meeting with portions of the completed IFSP. Service Coordinators are asked to assemble and send documents from these three sources to the Early Childhood Center for data entry. Data is also collected on children and families exiting First Steps. Service Coordinators are asked to conduct an Exit Interview with the family, and include developmental data from the other members of the team. The forms that are used to collect information from entering and exiting children and families are available on the First Steps web site: http://www.state.in.us/fssa/first_step/outcomeseval.html.

A primary outcome of First Steps is that children make developmental progress in the cognitive, communicative, physical, self-help, and social/emotional areas. To assess if First Steps is meeting this outcome, information was gathered from entering and exiting families in four areas:

1. Changes in overall child development - Developmental information from the initial Individualized Family Service Plan was compared with the developmental information gathered by the service coordinator for the Exit Interview to determine general developmental gains for the children who entered and exited First Steps during the report period, and for whom data was collected.
2. Acquisition of Important Developmental Skills - During Intake, entering families were asked to indicate which of 41 skills their children were able to perform. Upon exiting, families were once again asked to indicate which of the 41 skills their children were able to perform. The 41 skills included important functional skills such as walking, unfastening clothing, or using simple sentences.

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3. Independent Functioning in Everyday Family Routines - During both the initial Family Interview and Exit Interview, families were asked to indicate in which of 11 common daily routines their children were able to successfully participate. These routines included meal times, play times, dressing/undressing, getting up in the morning, and going to bed in the evening.

4. Continued Need for Specialized Services - During the Exit Interview, families were asked a number of questions to determine if their children needed specialized services after First Steps.

Baseline Data for FFY 2004 (2004-2005):

Indiana will report on its baseline data with its APR 02/01/07.

Discussion of Baseline Data: -none-

FFY	Measurable and Rigorous Target
2005 (2005-2006)	"N/A" means the information is not required in the SPP due December 2005.
2006 (2006-2007)	"N/A" means the information is not required in the SPP due December 2005.
2007 (2007-2008)	"N/A" means the information is not required in the SPP due December 2005.
2008 (2008-2009)	"N/A" means the information is not required in the SPP due December 2005.
2009 (2009-2010)	"N/A" means the information is not required in the SPP due December 2005.
2010 (2010-2011)	"N/A" means the information is not required in the SPP due December 2005.

Part C State Performance Plan (SPP) for 2005-2010**Improvement Activities/Timelines/Resources:**

NOTE: OSEP has indicated that since this is a new indicator, Improvement Activity information is not required in the SPP due December 2005. However, Indiana has provided some information on planned activities below.

Several issues have surfaced which require immediate attention:

- Complete data for all children/families entering and all families exiting must be submitted.
- The quality of the submitted data often has critical information missing.
 - Indiana has taken steps to move the responsibilities of service coordination to the SPOE. This will allow direct supervision of service coordinators, improving accountability for completion and quality of the outcomes data submitted.
- The issue of efficient and economical data entry must be addressed.
 - Indiana is changing contracts for its Central Reimbursement Office. The new contractor will initiate a web SPOE system. This will allow outcomes data entered by the service coordinator to be accessible to the Outcomes Evaluation Team and eliminate the need for duplicate data entry.
- The need for revisions and updates in the data collection forms is apparent.
 - The ICC has formed a workgroup to review and advise the state on needed revision and updates. The workgroup will also meet with Part B representatives to discuss the use of ISTAR as a measure of child progress. The Indiana Standards Tool for Alternate Reporting (ISTAR) is a web-based software system that supports accountability through referencing Basics, Foundations, grade level Academic Standards and Functional Achievement Indicators. ISTAR is utilized as Indiana's Alternate Assessment for students with significant cognitive impairment. The ISTAR report offers a graphic representation of the progress of any student in relation to age and grade level expectations. The ISTAR system is founded on the principle that early intervention providers and teachers are capable partners in collecting valid and reliable assessment data that purposefully captures student progress. Identifying the baseline abilities of each student allows early intervention providers and teachers to design curriculum specific to the individual needs of the child. Within ISTAR, each child is rated on progress indicators linked to educational standards and functional indicators through the use of a three-point rubric. Utilization of ISTAR, from birth through graduation, will provide longitudinal data on the child's individual abilities and progress from one year to the next. ISTAR will serve as an accountability tool for IDEA Part B and C Programs in Indiana, service providers, teachers, schools, school corporations and the state of Indiana.
 - Indiana has submitted GSEG to further develop ISTAR for use with infants and toddlers.

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Overview of the State Performance Plan Development:

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 4: Percent of families participating in Part C who report that early intervention services have helped the family:

- A. Know their rights;
- B. Effectively communicate their children's needs; and
- C. Help their children develop and learn.

(20 USC 1416(a)(3)(A) and 1442)

Measurement:

- A. Percent = # of respondent families participating in Part C who report that early intervention services have helped the family know their rights divided by the # of respondent families participating in Part C times 100.
- B. Percent = # of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs divided by the # of respondent families participating in Part C times 100.
- C. Percent = # of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn divided by the # of respondent families participating in Part C times 100.

Overview of Issue/Description of System or Process:

The Statewide implementation of the First Steps evaluation system began November 1, 2002. The goal of the system is to assess First Steps' impact on all children and families exiting First Steps who have been in the system for a minimum of six months. Complete background information on the evaluation system is contained in the Indicator 3 overview. The outcomes below are taken from the evaluation study. Outcomes data is provided from the Entrance and Exit Family Interviews. **A copy of the Family Interview and Exit Summary forms is attached in the appendices.**

Indicator 4 A. Know their rights;

Outcome #6: Families advocate by exercising their rights in requesting and choosing goals, services, and supports.

The sixth outcome focuses on families having the knowledge and skills to advocate on behalf of their child and family. To assess if First Steps is meeting this outcome, information was gathered from entering and exiting families in two areas:

- 1. Knowledge of First Steps rights
- 2. Exercising their rights

Part C State Performance Plan (SPP) for 2005-2010***1. Knowledge of First Steps rights***

Entering and exiting families are asked in the outcomes survey if they know and understand their rights under First Steps. Families receive verbal and written explanation of their rights during the intake process, at every IFSP meeting, and every procedural safeguard moment. The IFSP service page contains a statement that the family has received written and verbal explanation of their rights and the family reads and signs this statement

2. Exercising their rights

Entering and exiting families are asked in the outcomes survey if they know how to exercise these rights, including how to problem solve situations when disagreements arose with their service providers.

Indicator 4 B. Effectively communicate their children's needs

Outcome #4: Families participate as members of the early intervention team and carry out recommendations that help them to help their child.

As their children's *first teacher*, families serve an important role in the early intervention process. This role is maximized when they understand and participate actively as members of the team, and carry out recommendations that help their child, the fourth outcome of First Steps. To assess if First Steps is meeting this outcome, information was gathered from entering and exiting families in two areas:

1. How much families know about First Steps and the roles families can take as members of their child's team, and
2. How families perceive their actual participation as members of their child's First Steps team.

1. Knowledge of First Steps and family roles

- At both their entry into and exit from the First Steps system, families are asked if they understand the various components of the First Steps process and their potential role at each major step (e.g., evaluation, IFSP development, service provision).

2. Participation as team members

Also during entry and exit interviews, families are asked if they know what roles they could assume during the First Steps process (e.g., share information), and if they exercised any of these roles, including:

- sharing information during evaluation and assessment,
- contributing outcomes at the IFSP meeting,
- expressing agreement with the team, and
- doing things at home that are part of their IFSP and the team's recommendations.

Indicator 4 C. Help their children develop and learn.

Outcome #2: Children participate in inclusive community activities, settings, and routines.

The second outcome of First Steps is that children are able to participate in inclusive community activities, settings and routines with their families. This means that not only do children have the skills and behaviors to appropriately participate in various community settings, but that families have the knowledge, skills, and comfort level to facilitate their child's involvement in those settings. To assess if

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First Steps is meeting this outcome, information was gathered from entering and exiting families about their level of participation in community activities, settings, and routines

1. Participation in community activities, settings, and routines

- As part of the Exit Interview, families are asked to identify which community settings and activities their children have participated in over the past two weeks. A total of 13 different settings and activities are surveyed, including going to the grocery store, going to church or other religious service, child care, and visiting friends or neighbors.

Baseline Data for FFY 2004 (2004-2005):

Indiana will report on its baseline data with its APR 2/1/07.

Discussion of Baseline Data: -none-

FFY	Measurable and Rigorous Target
2005 (2005-2006)	A. 99% of families know their rights (of those responding). B. 99% of families can effectively communicate their children's needs (of those responding). C. 99% of families can help their children develop and learn (of those responding).
2006 (2006-2007)	A. 99% of families know their rights (of those responding). B. 99% of families can effectively communicate their children's needs (of those responding). C. 99% of families can help their children develop and learn (of those responding).
2007 (2007-2008)	A. 99% of families know their rights (of those responding). B. 99% of families can effectively communicate their children's needs (of those responding). C. 99% of families can help their children develop and learn (of those responding).
2008 (2008-2009)	A. 99% of families know their rights (of those responding). B. 99% of families can effectively communicate their children's needs (of those responding). C. 99% of families can help their children develop and learn (of those responding).
2009 (2009-2010)	A. 100% of families know their rights (of those responding). B. 100% of families can effectively communicate their children's needs (of those responding). C. 100% of families can help their children develop and learn (of those responding).
2010 (2010-2011)	A. 100% of families know their rights (of those responding). B. 100% of families can effectively communicate their children's needs (of those responding). C. 100% of families can help their children develop and learn (of those responding).

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Improvement Activities/Timelines/Resources:

First Steps early intervention system will modify survey questions utilizing the ICC Family Perspective Workgroup to review the interview questions and make recommendations for revisions. The NCSEAM and/or ECO survey tools will also be reviewed for possible consideration at a future date. If modifications to the tool are made there may be variance from the results as compared to previous years.

FFY	Improvement Activities	Resources	On-going Activities*
2005 (2005-2006)	<ul style="list-style-type: none"> Service Coordination training to increase the return rate of the Exit Summary survey Increase Service Coordination supervision to increase the return rate of the Exit Summary survey Review NCSEAM and ECO survey tools 	<ul style="list-style-type: none"> Mandatory Service Coordination meetings/trainings NCSEAM and ECO 	<ul style="list-style-type: none"> Ongoing thru 2010
2006 (2006-2007)	<ul style="list-style-type: none"> Move Service Coordination under the System Point of Entry supervision Service Coordinator training on revised interview tools 	<ul style="list-style-type: none"> Unified Training System Mandatory Service Coordination meetings 	
2007 (2007-2008)	<ul style="list-style-type: none"> Unified Training System outcomes grant. 	<ul style="list-style-type: none"> Unified Training System 	<ul style="list-style-type: none"> Ongoing thru 2010
2008 (2008-2009)	<ul style="list-style-type: none"> Unified Training System outcomes grant. 	<ul style="list-style-type: none"> Unified Training System 	<ul style="list-style-type: none"> Ongoing thru 2010
2009 (2009-2010)	<ul style="list-style-type: none"> Incorporate child outcomes into the Indiana Standards Tool for Alternate Reporting (ISTAR). Service Coordinator training on ISTAR 	<ul style="list-style-type: none"> IDEA Part B Unified Training System 	<ul style="list-style-type: none"> Ongoing thru 2010 Ongoing thru 2010
2010 (2010-2011)	NOTE: See on-going activities identified above.		

* On-going Activity = activity will occur each subsequent year

Part C State Performance Plan (SPP) for 2005-2010

NAVIGATION NOTE: Click on number below to go to Indicator #

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Overview of the State Performance Plan Development:

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 5: Percent of infants and toddlers birth to 1 with IFSPs compared to:

- A. Other States with similar eligibility definitions; and
- B. National data.

(20 USC 1416(a)(3)(B) and 1442)

Measurement:

- A. Percent = # of infants and toddlers birth to 1 with IFSPs divided by the population of infants and toddlers birth to 1 times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.
- B. Percent = # of infants and toddlers birth to 1 with IFSPs divided by the population of infants and toddlers birth to 1 times 100 compared to National data.

Overview of Issue/Description of System or Process:

Indiana ensures that parents and other primary referral sources have access to information on Part C referral and eligibility criteria through various collaborative efforts with other state agencies, early intervention providers, healthcare providers, professional organizations, child care providers, and early childhood educators. Local Planning and Coordinating Councils (LPCCs) and Systems Points of Entry (SPOEs) develop and disseminate information materials about First Steps services, including the referral and eligibility process. Local councils have public awareness and child find materials in both English and Spanish. The First Steps web page includes an IFSP form that is available in both English and Spanish. Interpreters, speaking a variety of languages, are also availed throughout the state.

Indiana has several initiatives to specifically identify potentially eligible infants less than one year of age. The Universal Newborn Hearing Screening (UNHS) is one example. The State began universal hearing screening of all newborns effective July 1, 2000. Hospitals/birthing institutions are requested to report their screening and follow-up results monthly to the Indiana State Department of Health (ISDH). The ISDH has established this program to coordinate statewide universal newborn hearing screening. The mission of the State UNHS Program is to 1). Ensure that all newborns receive state mandated physiologic hearing screening 2). Collaborate with the First Steps Intervention Programs to ensure that infants who test positive for hearing loss receive appropriate intervention and/or treatment, and their parents receive appropriate support and counseling; 3). Collect information on the incidence of hearing loss; and 4). Promote public awareness and education concerning hearing conditions.

A second initiative to identify potentially eligible infants less than one year of age is Neonatal Intensive Care Unit (NICU) project. In service areas with a Level III NICU, the SPOE assigns an Intake Coordinator to the NICU. The Intake Coordinator is available to staff and families to accept and process referrals. Infants are identified before discharge and in many cases leave the hospital with an IFSP. There are

Part C State Performance Plan (SPP) for 2005-2010

NICU collaboration projects in each area of the state and with three bordering out-of-state hospitals in Cincinnati, Chicago, and Louisville.

LPCC/SPOE grant applications or Request for Funds (RFF) include specific performance standards related to the early identification of children (14 months or less). Some local initiatives have included health fairs, television interviews, radio commercials on the Disney radio station, developmental checklists on tray inserts at McDonalds, local news stories, billboard advertising and physician office visits. In addition, Local Planning and Coordinating Councils (LPCCs) are required to collaborate and develop memorandum of agreements (MOAs) with various community referral agencies, such as Early Head Start; Head Start; Healthy Families; Women's Infants and Children (WIC); Division of Child Services; local physician offices, hospitals, social service, and child care resource and referral. Policies and procedures are in place for local SPOEs to follow children who are found not eligible, but considered at risk for developmental delay.

Indiana continues to rank high among other states in the percentage of birth-to-one year old infants identified for early intervention. The percentage of infants under one year of age with an IFSP is historically higher than the national data and that of comparable states. Indiana utilizes NECTAC, www.ideadata.org, and NCSEAM as valuable data sources for comparison nationally and with other States with similar eligibility definitions. Indiana publishes state and regional SPOE profiles on its website. The profiles provide information on the population of infants and toddlers, low birth weight, number of infants less than 1 year with an IFSP, total number of children served, and average age at referral (http://www.state.in.us/fssa/first_step/pdf/State0605.pdf).

Baseline Data for FFY 2003 (2003-2004):

1.57% of the State's birth-to-one population has an IFSP*.

*NOTE: Data from FFY 03 was used as the source for this indicator because Indiana began development of its State Performance Plan prior to the release of FFY 04 data. Indiana will amend this data with its 2/1/07 APR.

Discussion of Baseline Data: Indiana falls into the "broad" category of eligibility. A review of states within this category revealed some major differences in eligibility criteria and in demographics. A representative stakeholder committee met to review this information. The stakeholder group narrowed the list of states to those that are comparable to Indiana in both eligibility criteria and population. Indiana's eligibility criteria will be revised in 2006 through rule promulgation. Therefore the committee chose states which had eligibility criteria similar to the proposed 2006 eligibility criteria. The committee selected comparable states from the broad eligibility category that 1) did not serve children who were biologically at risk, 2) had specific percentage(s) of delay for eligibility determination similar to Indiana, and 3) whose birth-to-three population more closely matched Indiana's. The 10 states chosen are listed in the table *Comparison with Similar States, Children Ages 0-1 Year*.

Only one of the states in the comparison group, Mississippi, served a greater percentage (2.45%) of infants, birth-to-one year old, than Indiana. The next closest states to Indiana were Pennsylvania with 1.44%, Kansas with 1.08% and Maryland with 1.04% of infants in the birth-to-one population. The remainder of the states in the comparison group served less than one percent of infants in the birth-to-one population. Nationally, 0.91% of infants, less than one year old have an IFSP (all data from December 1, 2003 child counts from www.ideadata.org).

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Comparison with Similar States, Children Ages 0-1 Year

STATE	DEC.2003 ONE-DAY CHILD COUNT, AGE 0-1	POPULATION 0-1	PERCENT OF POPULATION AGE 0-1	CURRENT ELIGIBILITY	RISK FACTORS
Indiana	1,321	83,919	1.57%	15% Delay In Two Areas Or 20% Delay In One Area	Currently - Yes - Changing In May, 2006
Pennsylvania	2,009	139,904	1.44%	25% Delay In One Area; Ico	No
Wisconsin	607	67,008	0.91%	25% Delay In One Area Or Atypical Development As Determined By MDT With ICO	No
Maryland	763	73,462	1.04%	25% Delay In One Or More Areas, Atypical Development/Behavior	No
Arkansas	260	38,001	0.68%	25% Delay In One Or More Areas	No
Kansas	413	38,402	1.08%	25% Delay In One Or More Areas, 20% Delay In Two Areas	No
Iowa	323	36,820	0.88%	25% Below Age In One Or More Areas, Prof. Judgment of MDT or A Known Condition With High Prop. of Delay	No
Virginia	579	99,023	0.58%	25% Delay In One Area Or Atypical Development; ICO	No
Washington	319	76,522	0.46%	25% Delay In One Area	No
Mississippi	1,062	43,412	2.45%	25% Delay In One Or More Areas; ICO	No
Alabama	216	59,193	0.36%	25% Delay In One Or More Areas	No
National	37,122		0.91%		

Source: www.ideadata.org

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FFY	Measurable and Rigorous Target
2005 (2005-2006)	1.57% of the birth-to-one children will have an IFSP
2006 (2006-2007)	1.57% of the birth-to-one children will have an IFSP
2007 (2007-2008)	1.57% of the birth-to-one children will have an IFSP
2008 (2008-2009)	1.57% of the birth-to-one children will have an IFSP
2009 (2009-2010)	1.63% of the birth-to-one children will have an IFSP
2010 (2010-2011)	1.68% of the birth-to-one children will have an IFSP

Indiana anticipates very little improvement in its percentage of infants, birth to 1 year with an IFSP. Indiana currently serves a high number of infants less than one year. The revised eligibility criteria, effective in 2006, will eliminate infants in the biological risk category. It raises the percentage of developmental delay from a 15% delay in two developmental domains to 20% delay and from a 20% in one developmental domain to 25% delay. The State is confident that it can maintain and slightly improve the number of infants birth to one year of age with an IFSP.

A second legislative change that will be implemented in 2006 is an increase in cost participation criteria and copay fees. Cost participation for direct services is formulated on a sliding fee schedule based on family income, family size and federal poverty level. Families are billed on a per service basis up to a monthly maximum. Under the legislation, families will pay significantly more per service and monthly maximum, as indicated in the chart below.

Indiana Cost Participation Proposed Fee Schedule							
Percentage of Federal Income Poverty Level		Co-payment Per Treatment			Maximum Monthly Cost Share		
At Least	But Not More Than	New Rate	increase from current rate	(% change)	New Max. Rate	increase from current rate	(% change)
0%	250%	\$ -			\$ -		
251%	350%	\$ 3	\$3	NA	\$ 24	\$24	NA
351%	450%	\$ 6	\$1	120%	\$ 48	\$23	192%
451%	550%	\$ 15	\$5	150%	\$ 120	\$70	240%
551%	650%	\$ 25	\$10	167%	\$ 200	\$125	267%
651%	750%	\$ 50	\$30	250%	\$ 400	\$300	400%
751%	850%	\$ 75	\$50	300%	\$ 600	\$475	480%
851%	1000%	\$ 100	\$70	333%	\$ 800	\$650	533%
1001%		\$ 120	\$84	333%	\$ 960	\$780	533%

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The new cost participation levels represent a significant increase in costs to families. The State believes that some families may opt to seek services through insurance, or other sources, rather than pay the higher rate. The State will continue to retain the right to reduce or waive a co-pay for families with an inability to pay their co-payment.

Indiana will continue to work with LPCCs/SPOEs to increase child find activities for this age group and will continue to work with medical community on timely and appropriate referrals for infants under one year of age.

Improvement Activities/Timelines/Resources:

FFY	Improvement Activities	Resources	On-going Activities*
2005 - 2010 (2005-2011)	<ul style="list-style-type: none"> ▪ Performance based outcomes added to LPCC Request for Funding (RFF) to reflect measurable and rigorous target percentages. ▪ Continue Child Find as an RFF activity ▪ Provider and referral source training ▪ LPCC review to maintain and update current referral sources and develop new sources with agreements. ▪ Data analysis of impact of eligibility and cost participation changes (2007 – 20011) 	<ul style="list-style-type: none"> ▪ LPCC and provider meetings ▪ Inter-agency collaboration meetings ▪ Unified Training System ▪ Data systems 	<ul style="list-style-type: none"> ▪ Ongoing thru 2010

* On-going Activity = activity will occur each subsequent year

Part C State Performance Plan (SPP) for 2005-2010

NAVIGATION NOTE: Click on number below to go to Indicator #													
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Overview of the State Performance Plan Development:

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 6: Percent of infants and toddlers birth to 3 with IFSPs compared to:

- A. Other States with similar eligibility definitions; and
- B. National data.

(20 USC 1416(a)(3)(B) and 1442)

Measurement:

- A. Percent = # of infants and toddlers birth to 3 with IFSPs divided by the population of infants and toddlers birth to 3 times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.
- B. Percent = # of infants and toddlers birth to 3 with IFSPs divided by the population of infants and toddlers birth to 3 times 100 compared to National data.

Overview of Issue/Description of System or Process:

Please refer to the overview of the issue/description in Indicator 5

Baseline Data for FFY 2003 (2003-2004):

3.35% of Indiana's birth-to-three populations have an IFSP.

*NOTE: Data from FFY 03 was used as the source for this indicator because Indiana began development of its State Performance Plan prior to the release of FFY 04 data. Indiana will amend this data with its 2/1/07 APR.

Discussion of Baseline Data:

Indiana falls into the "Broad" category of eligibility. A review of states within this category revealed some major differences in eligibility criteria and in demographics. A representative stakeholder committee met to review this information. The stakeholder group narrowed the list of states to those that are comparable to Indiana in both eligibility criteria and population. Indiana's eligibility criteria will be revised in 2006 through rule promulgation. Therefore, the committee chose states which had eligibility criteria similar to the proposed 2006 eligibility criteria. The committee selected comparable states from the broad eligibility category that 1) did not serve children who were biologically at risk, 2) had specific percentage(s) of delay for eligibility determination similar to Indiana, and 3) whose birth-to-three population more closely matched Indiana's. The 10 states chosen are listed in the table *Comparison with Similar States, Children Ages 0-3 Years*.

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None of the states in the comparison group served a greater percentage of the birth-to-three population than Indiana. The closest states were Pennsylvania with 2.94%, Wisconsin with 2.66%, Maryland with 2.60%, Arkansas with 2.40%, and Kansas with 2.40%. The remainder of the states in the group served less than 2.00% of the birth-to-three population. Nationally, 2.18% of the birth-to-three population is served. (all data from December 1, 2003 child counts from www.ideadata.org).

Comparison with Similar States, Children Ages 0-3 Years

State	Dec. 2003 One-Day Child Count, Age 0-1	Pop. 0-1	Pct Of Pop. Age 0-1	Dec. 2003 One-Day Child Count, Age 1-2	Dec. 2003 One-Day Child Count, Age 2-3	Dec. 2003 One-Day Child Count, Age 0-2	Pop. Age 0-2	Pct Of Pop.	Current Eligibility	Risk Factors
Indiana	1,321	83,919	1.57%	2,745	4,506	8,574	256,084	3.35%	15% Delay In Two Areas Or 20% Delay In One Area	Currently – Yes - Changing In May, 2006
Pennsylvania	2,009	139,904	1.44%	4,000	6,420	12,429	422,550	2.94%	25% Delay In One Area; Ico	No
Wisconsin	607	67,008	0.91%	1,554	3,256	5,417	203,426	2.66%	25% Delay In One Area Or Atypical Development As Determined By Mdt With Ico	No
Maryland	763	73,462	1.04%	1,851	3,160	5,774	222,035	2.60%	25% Delay In One Or More Areas, Atypical Development/Behavior	No
Arkansas	260	38,001	0.68%	846	1,666	2,772	112,886	2.46%	25% Delay In One Or More Areas	No
Kansas	413	38,402	1.08%	805	1,531	2,749	114,498	2.40%	25% Delay In One Or More Areas, 20% Delay In Two Areas	No
Iowa	323	36,820	0.88%	684	1,129	2,136	109,492	1.95%	25% Below Age In One Or More Areas, Prof. Judgment Of MDT Or A Known Condition With High Prop. Of Delay	No
Virginia	579	99,023	0.58%	1,561	3,088	5,228	299,461	1.75%	25% Delay In One Area Or Atypical Development; ICO	No
Washington	319	76,522	0.46%	1,133	2,145	3,627	232,643	1.56%	25% Delay In One Area	No
Mississippi	1,062	43,412	2.45%	631	282	1,975	129,200	1.53%	25% Delay In One Or More Areas; ICO	No
Alabama	216	59,193	0.36%	730	1,207	2,153	179,557	1.20%	25% Delay In One Or More Areas	No
National	37,122			83,666	145,840	266,628	12,246,920	2.18%		

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FFY	Measurable and Rigorous Target
2005 (2005-2006)	3.35% of the birth-to-three will have an IFSP
2006 (2006-2007)	3.25% of the birth-to-three will an IFSP
2007 (2007-2008)	3.15% of the birth-to-three will an IFSP
2008 (2008-2009)	3.10% of the birth-to-three will an IFSP
2009 (2009-2010)	3.05% of the birth-to-three will an IFSP
2010 (2010-2011)	3.00% of the birth-to-three will an IFSP

Indiana anticipates a decrease of its percentage of children, birth to 3 years with an IFSP. Indiana currently serves a high number of children. The revised eligibility criteria, effective in 2006, will eliminate the biological risk category. It increases the percentage of developmental delay from a 15% delay in two developmental domains to a 20% delay **and** from a 20% in one developmental domain to a 25% delay. It is difficult to determine at this point the impact this change will cause, but projections indicate a potential 15% decrease in the number of children eligible under the new criteria.

A second legislative change that will be implemented in 2006 is an increase in cost participation scale and co-pay fees. Cost participation for direct services is formulated on a sliding fee schedule based on family income, family size and federal poverty level. Families are billed on a per service basis up to a monthly maximum. Under the legislation, families will pay significantly more per service and monthly maximum, as indicated in the chart below.

Indiana Cost Participation Proposed Fee Schedule							
Percentage of Federal Income Poverty Level		Co-payment Per Treatment			Maximum Monthly Cost Share		
At Least	But Not More Than	New Rate	increase from current rate	(% change)	New Max. Rate	increase from current rate	(% change)
0%	250%	\$ -			\$ -		
251%	350%	\$ 3	\$3	NA	\$ 24	\$24	NA
351%	450%	\$ 6	\$1	120%	\$ 48	\$23	192%
451%	550%	\$ 15	\$5	150%	\$ 120	\$70	240%
551%	650%	\$ 25	\$10	167%	\$ 200	\$125	267%
651%	750%	\$ 50	\$30	250%	\$ 400	\$300	400%
751%	850%	\$ 75	\$50	300%	\$ 600	\$475	480%
851%	1000%	\$ 100	\$70	333%	\$ 800	\$650	533%
1001%		\$ 120	\$84	333%	\$ 960	\$780	533%

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The new cost participation levels represent a significant increase in costs for families. The State believes that some families may opt to seek services through insurance, or other sources.

Indiana will continue to work with LPCCs/SPOEs to increase child find activities for this age group and will continue to work with the medical community on timely and appropriate referrals for infants and toddlers.

Improvement Activities/Timelines/Resources:

FFY	Improvement Activities	Resources	On-going Activities*
2005 - 2010 (2005-2011)	<ul style="list-style-type: none"> ▪ Performance based outcomes added to LPCC Request for Funding (RFF) to reflect measurable and rigorous target percentages. ▪ Continue Child Find as an RFF activity ▪ Provider and referral source training ▪ LPCC review to maintain and update current referral sources and develop new sources with agreements. ▪ Data analysis of impact of eligibility and cost participation changes 	<ul style="list-style-type: none"> ▪ LPCC and provider meetings ▪ Inter-agency collaboration meetings ▪ Unified Training System ▪ Data systems 	<ul style="list-style-type: none"> ▪ Ongoing thru 2010

* On-going Activity = activity will occur each subsequent year

Part C State Performance Plan (SPP) for 2005-2010

NAVIGATION NOTE: Click on number below to go to Indicator #

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Overview of the State Performance Plan Development:

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 7: Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.

(20 USC 1416(a)(3)(B) and 1442)

Measurement:

Percent = # of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline divided by # of eligible infants and toddlers evaluated and assessed times 100.

Account for untimely evaluations.

Overview of Issue/Description of System or Process:

Indiana places a high priority on the ability of SPOEs to meet the 45-day timeline. To support this priority the State and SPOE representatives developed procedures for referral through initial IFSP. SPOE staffs receive training on an on-going basis. In addition, SPOE staffs are encouraged to participate in the evaluation and review of all policies to assist with the assurance that policies meet the needs of the local community.

Children who are found to meet eligibility criteria are scheduled for an IFSP meeting. Families are encouraged and assisted in the selection of an on-going service coordinator. The IFSP meeting is completed within 45 days of referral at the family's convenience, unless the family requests an extension. Eligibility Determination (ED) Teams are assigned to children as they enter the system and are responsible for completing initial evaluations, assisting in determining eligibility and in developing initial IFSPs. ED Teams remain on the child's IFSP Team, but do not provide on-going services to the child. At the IFSP meeting, the family's desires for their child and the child's needs are discussed by the family and the ED Team in order to develop the IFSP. Parents are notified of their rights at all times in the process, including the right to an initial IFSP within the 45-day timeline.

The Local Planning and Coordinating Councils (LPCC) and System Points of Entry (SPOE) have performance-based outcomes based on meeting the 45-day timeline. If the 45-day timeline is not met there is a financial consequence in the level of funding they receive. The State meets periodically with SPOE directors to discuss policy and technical assistance needs around this issue.

All First Steps providers receive training prior to enrollment on policies, procedures, federal/state requirements, including the 45-day timeline. Intake Coordinators have a rigorous process they follow in order to insure that the initial intake and evaluation occur in a timely manner so that the IFSP can be completed within the 45-day timeline. The Eligibility Determination Teams were implemented to facilitate the timely completion of the evaluation and assessment within 3 weeks of the intake meeting.

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All of those involved in the initial IFSP process are continuously trained on the importance of timely completion of this process and clearly understand the policies and procedures in place to insure that families receive services within this time frame. The State publishes county, regional, and statewide profile reports that includes 45-day timeline compliance information on the First Steps website (www.in.gov/fssa/first_step/index.html).

A "Delay in IFSP" form is completed for every IFSP that exceeds the 45-day timeline. This form provides information why the timeline was not met. The parent must sign this form indicating that they understand that the IFSP will exceed the 45-day timeline and they agree with the reasons listed. Back-up documentation as to the circumstances is also written in the case notes. The Delay in IFSP form and the case notes become part of the early intervention record. In order to monitor that the timelines are met there is a Quality Review/Focused Monitoring process. A determination is then made by a Focus Monitor whether the delay was a family or a system issue. Data is analyzed and distributed to the SPOE offices on all IFSPs written and on the number exceeding 45 days. On-site file reviews are completed to validate the information provided by the SPOE.

Baseline Data for FFY 2004 (2004-2005):

95.63% of all IFSPs (8878 of the 9284) IFSPs written in FFY 04) were completed within the 45-day timeline. Of the 4.37% (406 of 9284) not meeting the 45-day timeline 2.93% (272 of 9284) of IFSPs were delayed at the requests of the family. **98.56%** of all IFSPs (9150 of 9284) were complete within the 45-day timeline or were delayed at the family's request.

It is important to note that Indiana's data reflects completion of the IFSP and not just the convening of an initial IFSP meeting or the completion of an evaluation and assessment.

Discussion of Baseline Data:

Indiana has made great strides towards meeting 100% compliance of the 45-day timeline requirement. The SPOEs must provide written documentation to explain any IFSP that exceeds 45 days. Monthly a SPOE database report is ran on all IFSPs exceeding 45 day timeline provides the total number. This report is matched with the Delay of IFSP forms and the determination of family or system issues. This information is validated by focused monitoring.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of eligible children will have an evaluation/assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline
2006 (2006-2007)	100% of eligible children will have an evaluation/assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline
2007 (2007-2008)	100% of eligible children will have an evaluation/assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline
2008 (2008-2009)	100% of eligible children will have an evaluation/assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline
2009 (2009-2010)	100% of eligible children will have an evaluation/assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline
2010 (2010-2011)	100% of eligible children will have an evaluation/assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline

Part C State Performance Plan (SPP) for 2005-2010

Improvement Activities/Timelines/Resources:

Over the past two years Indiana has shown marked improvement in this area. The State will continue to provide technical assistance and support to SPOE's to insure 100% compliance with the 45-day timeline. A new data entry system is in development which will more closely track this issue for frontline staff.

FFY	Improvement Activities	Resources	On-going Activities*
2005 (2005-2006)	<ul style="list-style-type: none"> ▪ A performance standard is written into the SPOE Request for Funding (RFF) contracts. Funds are tied to the achievement of this standard reviewed semi-annually. ▪ Data analysis, on-going training to providers, and Focused Monitoring Quality Review system to ensure compliance and maintain timely delivery of services 	<ul style="list-style-type: none"> ▪ LPCC and provider meetings ▪ Unified Training System ▪ Data systems 	<ul style="list-style-type: none"> ▪ Ongoing thru 2010 ▪ Ongoing thru 2010
2006 (2006-2007)	<ul style="list-style-type: none"> ▪ Providers, service coordinators, and intake coordinators will be trained on a new data entry system which will enable better tracking of IFSP's at the local SPOE level. 	<ul style="list-style-type: none"> ▪ LPCC and provider meetings ▪ Unified Training System ▪ Data systems 	<ul style="list-style-type: none"> ▪ Ongoing thru 2010
2007 (2007-2008)	NOTE: See on-going activities identified above.		
2008 (2008-2009)	NOTE: See on-going activities identified above.		
2009 (2009-2010)	NOTE: See on-going activities identified above.		
2010 (2010-2011)	NOTE: See on-going activities identified above.		

* On-going Activity = activity will occur each subsequent year

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NAVIGATION NOTE: Click on number below to go to Indicator #

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Overview of the State Performance Plan Development:

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Indicator 8: Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:

- A. IFSPs with transition steps and services
- B. Notification to LEA, if child potentially eligible for Part B: and
- C. Transition conference, if child potentially eligible for Part B.

(20 USC 1416(a)(3)(B) and 1442)

Measurement:

- A. Percent = # of children exiting Part C who have an IFSP with transition steps and services divided by # of children exiting Part C times 100.
- B. Percent = # of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred divided by the # of children exiting Part C who were potentially eligible for Part B times 100.
- C. Percent = # of children exiting Part C and potentially eligible for Part B where the transition conference occurred divided by the # of children exiting Part C who were potentially eligible for Part B times 100.

Overview of Issue/Description of System or Process:

Transition planning is a required component of IFSP development in Indiana. Transition planning helps to ensure that the child and family will experience success and benefit from the planned services by preparing them appropriately for changes that may occur in the future. Indiana requires transition planning meetings for all children enrolled in First Steps system. Our goal is to facilitate transition activities into, within, and from the First Steps System. Therefore, every IFSP contains transition planning activities and timelines to ensure successful transitions.

Indiana has a state Transition Team with representatives from First Steps, Department of Education, Division of Exceptional Learners (Part B), Head Start, child care, and families. The vision of the Indiana's State Transition Team is to provide a comprehensive, community-wide system ensuring positive and effective transition experiences. This team has developed several documents including a statewide family transition survey which is available through the State Transition website at: <http://www.indianatransition.org/>.

The First Steps System together with the Division of Exceptional Learners (Part B) jointly funds the Indiana Transition Initiative for Young Children. This collaboration supports a state transition coordinator and regional facilitators to improve assistance to community teams to develop, coordinate, and implement transition activities. Specific initiatives include funding for local transition planning opportunities for families and the provision of regional transition facilitators. Additionally, the transition initiative grant

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supports the Family Involvement Fund which provides funding for parents who attend transition informational meetings and/or to participate in transition planning events.

Indiana maintains, and updates as needed, the State inter-agency agreement with Head Start, child care, Division of Exceptional Learners (Part B), and First Steps. LPCCs and SPOEs are required in their grants (Request for Funds) to develop and maintain memorandum of agreements with their lead education agency (LEA) and with other transition resources, e.g., Early Head Start, community pre-schools, and child care. This requirement is a performance standard with financial sanctions for non-compliance.

Indiana's Unified Training System provides statewide training on transition to enrolled providers and community partners, including families. Training opportunities include regional topical training, as well as written publications and videos.

A joint First Steps/Division of Exceptional Learners (Part B) memo was released in May 2005 and training sessions were held in all regions of the State for all service coordinators. The memo strengthens collaborative efforts for children in transition from Part C to Part B services. This document was created with the guidance of a leadership committee including service coordinators, parents, preschool coordinators, and a special education director. It clarifies provider roles and responsibilities and identifies how a parent can request an initial educational evaluation during the transition process. **A copy is available in the appendix.** This memo has also been added to the service coordinator training manual.

Indiana utilizes a focused monitoring, quality review system to monitor transition indicators. Working with NCSEAM, the quality review team has identified key components in the transition process, including transition planning activities in the IFSP, 30 day LEA notice, and transition meetings. The quality review teams visit local service areas to perform early intervention record reviews for these required transition components.

Baseline Data for FFY 2004 (2004-2005):

- A. 100% of children exiting Part C have an IFSP with transition steps and services
- B. 94.7% (3202 of 3381) of children exiting Part C and potentially eligible for Part B, had notification to the LEA
- C. 93% of children exiting Part C and potentially eligible for Part B had a Transition conference meeting to plan for transition within 90-180 days prior to the 3rd birthday

Discussion of Baseline Data:

A. The data source for transition steps and services in the IFSP was early intervention record reviews conducted by the Quality Review – Focused Monitoring Team from December 2004 through May 2005. Early intervention records were selected by random sample from each of the 14 service area SPOEs. The random sample consisted of 5% of closed records (a minimum of 75 records) for children who were enrolled in First Steps until 36 months of age and who had received services at least 6 months (N=1,687). 100% (1687 of 1687) of all reviewed IFSPs included a plan for transition steps and services. However, only 69% (1164 of 1687) of the audited transition plans completely met Indiana's quality review transition criteria. (A copy of the transition record audit form is included in the appendix)

B. In Indiana, the early intervention system (part C) does not have the authority to determine which children are potentially eligible for the Part B program, as that responsibility lies with the LEA. Therefore First Steps requires a referral to Part B for all children who are in the First Steps program at 30 months of age. In FFY 04, 3,381 children exited Part C with transition plans for Part B (3123) or with plans to receive other services (258). Data from the FFY 04 Part B report noted that 3202 children were referred

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to Part B. Of those children 77% (2465 of 3202) also had a school representative invited to the transition meeting (N=3,202)

C. The Indiana Family Transition Survey (copy provided in the appendix), was used to determine the number of children exiting Part C who had a transition conference. The survey was sent to a random sample of 400 families who had exited the system. 25% of those receiving the survey (98) responded. 93% (91 of 98) indicated that their child had a meeting to plan for transition, 90 to 180 days before their child's third birthday.

Indiana acknowledges that it will need to review the sampling methodology used for early intervention record audits and surveys. Prior samples were random, but may not have been representative of the population of children. Future samples will be random, stratified samples of a size required to be statistically significant.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	A. 100% of eligible children will have IFSPs with transition steps and services. B. 100% of all children exiting Part C will have Notification to LEA, if child potentially eligible for Part B. C. 100% of all children exiting Part C will have a transition conference, if child potentially eligible for Part B.
2006 (2006-2007)	A. 100% of eligible children will have IFSPs with transition steps and services. B. 100% of all children exiting Part C will have Notification to LEA, if child potentially eligible for Part B. C. 100% of all children exiting Part C will have a transition conference, if child potentially eligible for Part B.
2007 (2007-2008)	A. 100% of eligible children will have IFSPs with transition steps and services. B. 100% of all children exiting Part C will have Notification to LEA, if child potentially eligible for Part B. C. 100% of all children exiting Part C will have a transition conference, if child potentially eligible for Part B.
2008 (2008-2009)	A. 100% of eligible children will have IFSPs with transition steps and services. B. 100% of all children exiting Part C will have Notification to LEA, if child potentially eligible for Part B. C. 100% of all children exiting Part C will have a transition conference, if child potentially eligible for Part B.
2009 (2009-2010)	A. 100% of eligible children will have IFSPs with transition steps and services. B. 100% of all children exiting Part C will have Notification to LEA, if child potentially eligible for Part B. C. 100% of all children exiting Part C will have a transition conference, if child potentially eligible for Part B.
2010 (2010-2011)	A. 100% of eligible children will have IFSPs with transition steps and services. B. 100% of all children exiting Part C will have Notification to LEA, if child potentially eligible for Part B. C. 100% of all children exiting Part C will have a transition conference, if child potentially eligible for Part B.

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Improvement Activities/Timelines/Resources:

FFY	Improvement Activities	Resources	On-going Activities
2005 (2005-2006)	<ul style="list-style-type: none"> Develop a methodology for random stratified samples that are representative of the First Steps population for all focused monitoring audits and surveys. Review and update family exit survey, service coordinator survey, and statewide family transition survey to provide improved, measurable results. Continue to update state interagency agreements, as needed. Timeline tracking tool for service coordination has been developed to assist with meeting transition meeting goals of 90 to 270 days. Financially and programmatically support the State Transition Initiative team and coordinator. Continue to support regional transition facilitators. Require each cluster to maintain signed Memoranda of Agreements (MOAs) with all special education planning districts and Head Start programs in their area. Offer support from the Transition Initiative regional facilitators to LPCCs as they review their interagency agreements, including posting samples on the website. Conduct annual statewide training on transition for all First Steps providers. Collect electronic data regarding transition meeting dates and LEA notification from the SPOE database. Conduct focused monitoring quality reviews specific to transition, annually. The State Transition Coordinator will develop a survey to be disseminated annually to Part B lead agency (Dept. of Education) representatives and Head Start personnel to identify success and opportunities in collaboration and communication. Revise transition packet forms. 	<p>NCSEAM</p> <p>State Transition Coordinator</p> <p>State Transition Team First Steps staff Peer Review contractors Head Start Dept. of Education</p>	<ul style="list-style-type: none"> Ongoing thru 2010
2006 (2006-2007)	<ul style="list-style-type: none"> Service coordinators moved under the supervision of the SPOEs scheduled to take effect in July 2006. 2006-2007 LPCC/SPOE Request for Funds to include transition committees in each cluster. Transition committee to be comprised of parents, providers, service coordinators, LEA representatives, and Head Start. Require transition training activities within each cluster quarterly and continue to support and fund local learning opportunities for families 		<ul style="list-style-type: none"> Ongoing thru 2010
2007 (2007-2008)	NOTE: See on-going activities identified above.		
2008 (2008-2009)	NOTE: See on-going activities identified above.		
2009 (2009-2010)	NOTE: See on-going activities identified above.		
2010 (2010-2011)	NOTE: See on-going activities identified above.		

* On-going Activity = activity will occur each subsequent year

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NAVIGATION NOTE: Click on number below to go to Indicator #													
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Overview of the State Performance Plan Development:

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 9: General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects non-compliance as soon as possible but in no case later than one year from identification.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

- A. Percent of noncompliance related to monitoring priority areas and indicators corrected within one year of identification:
- # of findings of noncompliance made related to priority areas.
 - # of corrections completed as soon as possible but in no case later than one year from identification.
- Percent = b divided by a times 100.
- For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.
- B. Percent of noncompliance related to areas not included in the above monitoring priority areas and indicators corrected within one year of identification:
- # of findings of noncompliance made related to such areas.
 - # of corrections completed as soon as possible but in no case later than one year from identification.
- Percent = b divided by a times 100.
- For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.
- C. Percent of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification:
- # of EIS programs in which noncompliance was identified through other mechanisms.
 - # of findings of noncompliance made.
 - # of corrections completed as soon as possible but in no case later than one year from identification.
- Percent = c divided by b times 100.
- For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

Part C State Performance Plan (SPP) for 2005-2010**Overview of Issue/Description of System or Process:**

Indiana has a comprehensive quality review system to monitor compliance. In addition to the identification of non-compliance through complaints, due process hearings and mediation at the state level, Indiana has developed a comprehensive system for monitoring quality through its Focused Monitoring Quality Review program. The purpose of the Quality Review Focused Monitoring program is to review the regional System Points of Entry (SPOE) and their Local Planning and Coordination Councils (LPCCs) for compliance with applicable state and federal laws; to provide data for completion of the Office of Special Education Programs (OSEP) State Performance Plan and the Annual Progress Report (APR); to provide input and technical assistance for quality improvement and best practice; and, to identify exemplary practice examples for use by other clusters.

The LPCCs and SPOE service areas are scheduled for an on-site Quality Review Focused Monitoring visit annually and more frequently, if requested by the Bureau of Child Development. The Bureau of Child Development (BCD), in collaboration with the Focused Monitoring Teams, determines the schedule for quality review visits, based on SPOE profiles and complaints/concerns received by the BCD. Focused Monitoring Teams are trained to use approved auditing forms and to adhere to quality review policies and procedures to insure consistency between and among Focused Monitoring Teams.

In 2003, Indiana became a Project Partner with the national Center for Special education Accountability Monitoring (NCSEAM). In January 2004 Indiana completed its Self-Assessment Focused Monitoring Implementation Checklist. This checklist assessed the comprehensiveness of Indiana's data system and activities, the involvement and participation of stakeholders in the development, implementation, and evaluation of the monitoring system and the monitoring procedures within a focused monitoring process. At that time Indiana's Accountability Monitoring Work Plan was developed. The Work Plan was reviewed and revised on May 10, 2005. A copy of Indiana's plan can be found on the NCSEAM website at: http://www.monitoringcenter.lsuhs.edu/STATES%20WORK%20PLANS%202005/Indiana_PartC_WorkPlan_05102005.pdf.

Indiana also uses Complaint/Concern reporting to monitor system issues. While only formal, written complaints are tracked through to findings and resolutions, all concerns are investigated as appropriate. Formal complaints regarding First Steps providers most frequently require additional provider training requirements and a follow-up reviews, with disenrollment of the provider as a final measure. Providers with a substantiated complaint are placed on probation for a minimum of 60 days. If the provider receives further complaints during this time period, the lead agency will consider if disenrollment of the provider is warranted. Historically, most complaints received are in regards to the quality or timeliness of service coordination services. In 2004, First Steps created a new state level position responsible for coordination of all quality assurance activities, including local monitoring and complaint investigations.

The State conducts regular reviews of the Indiana data system, quarterly state and local data profiles, and policies and procedures to identify any barriers or system issues, compile and integrate data across systems, and identify local providers in need of assistance, intervention, and substantial intervention.

State policies are submitted with State Performance Plan. The Part C Coordinator and the State Quality Assurance Manager track and monitor system performance to identify and correct 100% of non-compliance, within one year from identification.

Baseline Data for FFY 2004 (2004-2005):

- A. 100% of non-compliance related to monitoring priority areas and indicators are corrected within one year of identification.
 - a. There were 0 findings of non-compliance made related to priority areas.
 - b. There were 0 corrections completed.
- B. 100% of non-compliance related to monitoring priority areas and indicators are corrected within one year of identification.

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- a. There were 0 findings of non-compliance made related to priority areas.
 - b. There were 0 corrections completed.
- C. 100% of non-compliance related to monitoring priority areas and indicators are corrected within one year of identification.
- a. There were 0 findings of non-compliance made related to priority areas.
 - b. There were 0 corrections completed.

Discussion of Baseline Data:

While Indiana does not have any identified systemic areas of non-compliance, a clarification request was noted in the OSEP response letter dated November 14, 2005 for Indiana's 2003 APR submission. Indiana's response to this clarification is contained in Indicator 8 of the State Performance Plan.

In FFY 04 the Quality Review Team completed on-site monitoring reviews for Part C requirements (state and federal). 100% (14 of 14) SPOEs were visited. Each quality review visit consisted of a two to four day on-site review of early intervention records using the focused monitoring audit forms, interviews with SPOE staff and LPCC members and family interviews. Areas for improvement were identified for each SPOE/LPCC. The SPOEs/LPCCs are required to submit quality improvement plans and quarterly progress updates.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of non-compliance corrected within one year.
2006 (2006-2007)	100% of non-compliance corrected within one year.
2007 (2007-2008)	100% of non-compliance corrected within one year.
2008 (2008-2009)	100% of non-compliance corrected within one year.
2009 (2009-2010)	100% of non-compliance corrected within one year.
2010 (2010-2011)	100% of non-compliance corrected within one year.

Improvement Activities/Timelines/Resources:

FFY	Improvement Activities	Resources
2005-2010 (2005-2011)	The Indiana First Steps program will continue to educate families, providers and other interested parties regarding the complaint process, due process and mediation. The QA manager will develop clear policies and procedures for processing complaints in the 60 day timeline and will provide full reports of the complaint, issues and resolution the the Part C Coordinator, FSSA Secretary, ICC and OSEP	<ul style="list-style-type: none"> ▪ Ongoing thru 2010

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	<p>Indiana will continue to oversee its quality review-focused monitoring program and will respond to any priority areas of non-compliance concerns through local quality improvement plans.</p> <p>The quality review program will develop “report card” reports that clearly provide an overview of each regions compliance with the monitoring priorities. These “report cards” will be posted on the state web site for public review.</p> <p>Indiana will continue as a Project Partner with NCSEAM to improve its accountability work plan.</p>	
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NAVIGATION NOTE: Click on number below to go to Indicator #													
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Overview of the State Performance Plan Development:

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 10: Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

Percent = (1.1(b) + 1.1(c)) divided by (1.1) times 100.

Overview of Issue/Description of System or Process:

Indiana's general supervision procedures identify and correct IDEA non-compliance in a timely manner. Indiana's general supervision procedures continue to document statewide and county success in meeting IDEA requirements, identify non-compliance issues, and support correction in a timely manner.

Indiana uses Complaint/Concern reporting to monitor system issues. While only formal, written complaints are tracked through to findings and resolutions, all concerns are investigated. 100% of signed, written complaints are resolved within 60 day timeline. Complaints are tracked and reviewed on a regular basis to ensure policies and procedures are followed. Letters are sent to families and providers at initiation and completion of investigation.

Extensions of the 60-day timeline are made only when exceptional circumstances exist with respect to a particular complaint. The State has not had any extensions, but policies and procedures are in place if needed.

Formal complaints regarding First Steps providers most frequently require additional provider training requirements and a follow-up reviews, with disenrollment of the provider as a final measure. Providers with a substantiated complaint are placed on probation for a minimum of 60 days. If the provider receives further complaints during this time period, the lead agency will consider if disenrollment of the provider is warranted. Historically complaints are about the quality or timeliness of service coordination services. In 2004, First Steps created a new state level position responsible for coordination of all quality assurance activities, including local monitoring and complaint investigations.

State policies are submitted with State Performance Plan. The Part C Coordinator and the State Quality Assurance Manager track and monitor system performance to identify and correct 100% of non-compliance, within one year from identification.

The State conducts regular reviews of the Indiana data system, quarterly state and local data profiles, and policies and procedures to identify any barriers or system issues, compile and integrate data across systems, and identify local providers in need of assistance, intervention, and substantial intervention.

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Baseline Data for FFY 2004 (2004-2005):

100% of signed (2 of 2), written complaints are resolved within 60 day timeline, as documented in the First steps complaint log.

Discussion of Baseline Data:

All complaints were resolved within the 60 day timeline.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of signed, written complaints are resolved within 60 day timeline.
2006 (2006-2007)	100% of signed, written complaints are resolved within 60 day timeline.
2007 (2007-2008)	100% of signed, written complaints are resolved within 60 day timeline.
2008 (2008-2009)	100% of signed, written complaints are resolved within 60 day timeline.
2009 (2009-2010)	100% of signed, written complaints are resolved within 60 day timeline.
2010 (2010-2011)	100% of signed, written complaints are resolved within 60 day timeline.

Improvement Activities/Timelines/Resources:

FFY	Improvement Activities	Resources
2005-2010 (2005-2011)	Continue to conduct annual procedural safeguard training for all intake and service coordinators.	▪ Ongoing thru 2010

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Overview of the State Performance Plan Development:

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: Effective General Supervision Part C / General Supervision
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Indicator 11: Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

Percent = (3.2(a) + 3.2(b)) divided by (3.2) times 100.

Overview of Issue/Description of System or Process:

No due process hearing requests have been received, but policies and procedures are in place if needed.

Baseline Data for FFY 2004 (2004-2005):

No hearing requests were received in FFY 2004.

Discussion of Baseline Data:

No hearing requests were received in FFY 2004.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of fully adjudicated due process hearing requests will be fully adjudicated within the applicable timeline.
2006 (2006-2007)	100% of fully adjudicated due process hearing requests will be fully adjudicated within the applicable timeline.
2007 (2007-2008)	100% of fully adjudicated due process hearing requests will be fully adjudicated within the applicable timeline.
2008 (2008-2009)	100% of fully adjudicated due process hearing requests will be fully adjudicated within the applicable timeline.
2009 (2009-2010)	100% of fully adjudicated due process hearing requests will be fully adjudicated within the applicable timeline.
2010 (2010-2011)	100% of fully adjudicated due process hearing requests will be fully adjudicated within the applicable timeline.

Improvement Activities/Timelines/Resources:

FFY	Improvement Activities	Resources
2005-2010 (2005-2011)	Continue to record concerns and complaints, conducting investigations in a timely manner	Quality Assurance Manager

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Overview of the State Performance Plan Development:

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: Effective General Supervision Part C / General Supervision
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Indicator 12: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted).

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

Percent = 3.1(a) divided by (3.1) times 100.
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Overview of Issue/Description of System or Process:

Not applicable, since Indiana has not adopted Part B 615 due process procedures.

Baseline Data for FFY 2004 (2004-2005):

Discussion of Baseline Data:

OSEP FAQ update: A State should not set targets for Indicator 12 unless it has received at least a minimum threshold for 10 hearing requests and has adopted the Part B due process hearing procedures under 34 CFR §303.420.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	NA
2006 (2006-2007)	NA
2007 (2007-2008)	NA
2008 (2008-2009)	NA
2009 (2009-2010)	NA
2010 (2010-2011)	NA

Improvement Activities/Timelines/Resources:

FFY	Improvement Activities	Resources
2005-2010 (2005-2011)		

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Overview of the State Performance Plan Development:

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: Effective General Supervision Part C / General Supervision
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Indicator 13: Percent of mediations held that resulted in mediation agreements.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

Percent = (2.1(a)(i) + 2.1(b)(ii)) divided by (2.1) times 100.
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Overview of Issue/Description of System or Process:

No mediation requests have been received, but policies and procedures are in place if needed.

Baseline Data for FFY 2004 (2004-2005):

No mediation requests were received in FFY 2004.

Discussion of Baseline Data:

No mediation requests were received in FFY 2004.

OSEP FAQ update: A State should not set targets for Indicator 13 unless its baseline data reflect that it has received a minimum threshold of 10 mediation requests.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of mediations will result in mediation agreements
2006 (2006-2007)	100% of mediations will result in mediation agreements
2007 (2007-2008)	100% of mediations will result in mediation agreements
2008 (2008-2009)	100% of mediations will result in mediation agreements
2009 (2009-2010)	100% of mediations will result in mediation agreements
2010 (2010-2011)	100% of mediations will result in mediation agreements

Improvement Activities/Timelines/Resources:

FFY	Improvement Activities	Resources
2005-2010 (2005-2011)	Continue to record concerns and complaints, conducting investigations in a timely manner	QA manager

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Overview of the State Performance Plan Development:

(The following items are to be completed for each monitoring priority/indicator.)

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 14: State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

(20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

State reported data, including 618 data, State performance plan, and annual performance reports, are:

- a. Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution); and
- b. Accurate (describe mechanisms for ensuring accuracy).

Overview of Issue/Description of System or Process:

Indiana has an excellent history of submitting accurate and timely data to OSEP. The state is confident in the accuracy of its comprehensive data system. Data from the IFSP is entered directly by the SPOE and claims information is entered by the CRO. Missing data elements on IFSPs are returned to service coordinators for completion. On-site observation is conducted to provide verification of SPOE data through early intervention record review. Quarterly reports and profile reports help to identify any anomalies present in the data.

Training is conducted regarding requirements and procedures for collecting and reporting data for individuals who perform data entry functions (SPOEs and intake/service coordinators). The data entry manual, annual report and APR are posted on the State website. The dynamic nature of the system requires constant validation of data and on-going training.

Baseline Data for FFY 2004 (2004-2005):

100% of the State reported data are timely and accurate.

Discussion of Baseline Data: Indiana is timely in its submission of state reported data.

Part C State Performance Plan (SPP) for 2005-2010

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of the State reported data are timely and accurate.
2006 (2006-2007)	100% of the State reported data are timely and accurate.
2007 (2007-2008)	100% of the State reported data are timely and accurate.
2008 (2008-2009)	100% of the State reported data are timely and accurate.
2009 (2009-2010)	100% of the State reported data are timely and accurate.
2010 (2010-2011)	100% of the State reported data are timely and accurate.

Improvement Activities/Timelines/Resources:

FFY	Improvement Activities	Resources
2005-2010 (2005-2011)	Continue to collect comprehensive and accurate data. Continue to submit all required reports within Federal timelines	Quality Assurance Manager Data Warehouse CRO provider